Atty. Dkt. No. 070156-0168

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(Date of Deposit)

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Paul S. Hunter

Commissioner for Patents, Washington, D.C. 20231.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Buinevicius et al.

Title:

SYSTEM FOR AND METHOD OF

CAPTURE, ANALYSIS,

MANAGEMENT, AND ACCESS OF DISPARATE TYPES AND

SOURCES OF MEDIA.

BIOMETRIC, AND DATABASE

INFORMATION

Appl. No.:

Unknown

Filing Date:

Unknown

Examiner:

Unknown

Art Unit:

Unknown

UTILITY PATENT APPLICATION TRANSMITTAL

U.S. Patent and Trademark Office **Box PATENT APPLICATION** P.O. Box 2327 Arlington, VA 22202

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> Rimas Buinevicius 3402 Viburnum Drive Madison, WI 53705

Krishna Pendyala 2942 Skyline Drive Allison Park, PA 15101

[X] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

[X] Specification, Claim(s), and Abstract (26 pages).

[X] Informal drawings (7 sheets, Figures 1-11).



- [X] Declaration and Power of Attorney (5 pages).
- [X] Assignment of the invention to Sonic Foundry, Inc..
- \(\begin{align*} \ [X] \] Assignment Recordation Cover Sheet.
 - [X] Check in the amount of \$40.00 for Assignment recordation.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee			Extra Claims	Rate			Fee Totals
Basic Fee							\$740.00		\$740.00
Total Claims:	30	-	20	=	10	х	\$18.00	=	\$180.00
Independents:	4	-	3	_ =	1	×	\$84.00	=	\$84.00
If any Multiple Dependent Claim(s) present: + \$280.00						=	\$0.00		
							SUBTOTAL:	=	\$1004.00
[X]] Small Entity Fees Apply (subtract ½ of above): =							=	\$502.00
					TOT	AL I	FILING FEE:	=	\$502.00

- [X] A check in the amount of \$502.00 to cover the filing fee is enclosed.
- The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Nov. 27, 2001

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